

**EAST WHITE OAK BIBLE CHURCH**  
**SHORT TERM TEAM APPLICATION**

Trip for which you are applying \_\_\_\_\_

I have spoken with a Team Leader or Mission Team Member:  Yes  No

1. Full name \_\_\_\_\_

2. Have you ever participated on an East White Oak mission team previously?  Yes  No  
\_\_\_\_\_ Team

3. Date of birth: \_\_\_\_\_  Male  Female

4. Marital Status:  Married  Single

5. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Home Phone: \_\_\_\_\_/\_\_\_\_\_ Mobile Phone: \_\_\_\_\_/\_\_\_\_\_

7. E-mail: \_\_\_\_\_

8. Passport Place/Date of issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (   
*Please leave a copy of passport page in EWO Office when on short term trip*)

9. Do you attend a small group, ABF group, other group at EWO?  Yes  No  
If so, which one(s)? \_\_\_\_\_

10. Do you serve in the church?  Yes  No  
If so, what do you do? \_\_\_\_\_  
Who is your ministry leader(s)? \_\_\_\_\_

11. Please give a brief account of your conversion and on-going relationship with Christ Jesus:

12. Have you ever shared the Gospel with someone?  Yes  No

13. Have you read and accepted the "Beliefs of EWO"  Yes  No  I have questions about these.

14. Have you read and accepted the Team Covenant.  Yes  No  I have questions about this.

15. Why do you want to go on this trip? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Is there any particular way you would like to serve on this trip, and what do you see as your strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Primary means by which you plan to finance this trip:  
 \_\_\_ Personal funds                      \_\_\_ Raise support from family and friends  
 \_\_\_ I would like some guidance with this.
18. Do you have health insurance that will cover you in the location to which you will be traveling:  
 \_\_\_ Yes    \_\_\_ No    Company: \_\_\_\_\_ Policy No. \_\_\_\_\_
19. Describe any physical condition or health issue that could be affected by physical stresses or a lack of emergency services, or could limit your activities. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. List any allergies: \_\_\_\_\_  
 Prescription drugs you are taking: \_\_\_\_\_  
 Blood type: \_\_\_\_\_
21. Emergency Contact:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Release Form**

If accepted for this short term mission trip, I will participate voluntarily and of my own free will. I will not hold team leaders or team members of East White Oak Bible Church responsible for any accident, personal injury, illness, or other personal loss that might result during or as a result of this trip. I authorize East White Oak team leader(s) to consent to any emergency treatment which would be deemed advisable in the event of an accident, injury, or illness. I will submit to team leadership and seek to maintain a cooperative spirit in all activities. To the best of my ability, I will participate in trip preparation and evaluation sessions. If I am receiving disability benefits, I will provide a letter from a physician stating activities in which I can participate.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parental Permission (if under 18)

\_\_\_\_\_  
 Date

**Please return completed application to  
 EWOBC Mission Team Member  
 11922 E. 2000 North Road, Carlock, IL 61725  
 (309) 454-3833**